

FILED JUL 23 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 26787

| | | | | | | | | |
|---|--|---|-----------------|---|---------------------------|---|---|--|
| BIRTH NO. | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. 500 | | Registrar's No. 1841 | | |
| 1. PLACE OF DEATH a. COUNTY <i>St. Ferdinand / St. Louis</i> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis 15</i> c. LENGTH OF STAY (In this place) OR TOWNSHIP <i>14 years</i> d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Villa Sean</i> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) (State & County) a. STATE <i>Missouri</i> b. COUNTY <i>St. Ferdinand</i> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis 15</i> d. STREET ADDRESS (If rural, give location) <i>11755 Riverview Drive</i> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>Sister Mary</i> b. (Middle) <i>Cyrilla</i> c. (Last) <i>Rys</i> 4. DATE OF DEATH (Month) (Day) (Year) <i>July 2, 1952</i> | | | 5. SEX <i>F</i> | | 6. COLOR OR RACE <i>W</i> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <i>Single</i> | |
| 8. DATE OF BIRTH <i>Feb. 12, 1869</i> | | 9. AGE (In years last birthday) <i>83</i> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Practicing</i> | | 11. BIRTHPLACE (State or foreign country) <i>Poland</i> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Practicing</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Religious</i> | | 11. BIRTHPLACE (State or foreign country) <i>Poland</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | |
| 13a. FATHER'S NAME <i>Peter Rys</i> | | 13b. MOTHER'S MAIDEN NAME <i>Ann Broda</i> | | 14. NAME OF HUSBAND OR WIFE | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>None</i> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Sister Mary Loyola, Villa Sean, Riverview Drive #1755</i> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Heat Exhaustion</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chr. myocardial disease</i> DUE TO (c) <i>Senility</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i> <i>3 yrs.</i> | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? <i>4222</i> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (a.e., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR | | | | |
| 22. I hereby certify that I attended the deceased from <i>April, 1949</i> , to <i>7-2, 1952</i> , that I last saw the deceased alive on <i>7-1, 1952</i> , and that death occurred at <i>5:15 P. m.</i> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <i>J. W. Wenzel</i> | | (Degree or title) <i>MD</i> | | 23b. ADDRESS <i>8321 N. Broadway</i> | | 23c. DATE SIGNED <i>7-3-52</i> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 24b. DATE <i>July 5, 1952</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>Villa Sean Cemetery</i> | | 24d. LOCATION (City, town, or county) (State) <i>11755 Riverview Drive, Mo.</i> | | |
| DATE REC'D BY LOCAL REG. <i>7-5-52</i> | | REGISTRAR'S SIGNATURE <i>Herbert R. Dombek</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>FENDLER UND, 7420 MICHIGAN</i> | | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.